



State of Iowa Charitable Trust Registration Form

Department of Justice

SECTION 1 – ORGANIZATION INFORMATION

1. Name of Trust	2. Date of Report
3. Address	4. Tax ID Number
5. City, State, Zip	6. Fiscal year start/end date
7. Principal Contact Person	8. Role (trustee, attorney, etc.)
9. Email address	10. Phone Number
11. TAX EXEMPT STATUS <input type="checkbox"/> The trust is not required to apply for tax exempt status. <input type="checkbox"/> The trust holds tax exempt status under IRS Code 501 (c)_____. A copy of the IRS determination letter is attached. <input type="checkbox"/> The trust applied for tax exempt status on ___/___/____, but has not yet received a determination letter from the IRS. A copy of the IRS determination letter will be sent to the Attorney General upon receipt.	

SECTION 2 – ESTABLISHMENT OF TRUST

12. Type of Document Establishing Trust (check one)	<input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Probate Order <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Last Will & Testament
13. Summarize the organization's charitable purpose(s) (attach additional sheets if needed).	
14. Name & address of charitable organization(s) designated as beneficiaries (attach additional sheets if needed).	
ATTACHMENT (REQUIRED)	
Attach a copy of the organization's trust instrument (e.g. Articles of Incorporation, Probate Order, Last Will and Testament or Trust Agreement).	

SECTION 3 - FINANCIAL INFORMATION

15. Choose method of reporting financial information: (select one)

- ☐ Tax return (*attach form*) (check one) ☐ IRS 990 ☐ IRS 990EZ ☐ IRS 990-PF ☐ Other IRS Form _____
- ☐ Annual Report as provided in Iowa Code § 633A.4213 (*attach document*)
- ☐ Attorney General form (complete remainder of section)

16. Assets at start of current FY	\$
17. Grants & contributions received	\$
18. Total Income (Add Line 17 with all other income)	\$
19. Total Charitable Disbursements (Grants, scholarships, etc.)	\$
20. Compensation of officers, directors & trustees	\$
21. Legal fees	\$
22. Total Expenses (add lines 19, 20, 21 and all other expenses)	\$
23. Net Income	\$
24. Assets at end of current FY	\$

SECTION 4 – OFFICERS, DIRECTORS OR TRUSTEES

25. Identify the trustees, directors, or officers of the trust (*attach additional sheets if necessary*).

<u>Name:</u>	<u>Title:</u>
<u>Address:</u>	<u>City, State, ZIP:</u>
<u>Name:</u>	<u>Title:</u>
<u>Address:</u>	<u>City, State, ZIP:</u>
<u>Name:</u>	<u>Title:</u>
<u>Address:</u>	<u>City, State, ZIP:</u>

**Please
Sign
Here**

I hereby certify that I am authorized to sign this Registration, and that the information provided is true and complete to the best of my knowledge.

Signature _____ Date _____

Printed Name _____ Title _____